



290114
151 Southhall Lane, Ste 450
Maitland, FL 32751
P.O. Drawer 200
Winter Park, FL 32790-0200
www.inteserra.com

January 31, 2020
Via Overnight Delivery

Secretary
Utah Public Service Commission
Heber M. Wells Building
160 East 300 South, Suite 400
Salt Lake City, UT 84111

RECEIVED

FEB 03 2020

PSC SC
MAIL / DMS

RE: Tempo Telecom, LLC
UT Copy of FCC Form 555 - Annual Lifeline ETC Certification
For the month ending January 31, 2020
Docket No. 18-999-04

2014-43-C

Dear Sir or Madam:

Enclosed please find original and six (6) copies of the UT Copy of FCC Form 555 - Annual Lifeline ETC Certification for the month ending January 31, 2020, filed on behalf of Tempo Telecom, LLC. No check is enclosed as there are no remittance fees due.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Questions regarding this filing should be directed to Domingo Chalusant's attention at 407-659-8754. Thank you for your assistance in this matter.

Sincerely,


Domingo Chalusant
Compliance Reporting Specialist I

cc: Alex Valencia - Tempo Telecom, LLC
file: Tempo Telecom, LLC - Reporting - Utah

DC/ap

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

509015		
Study Area Code (SAC)		Service Provider Identification Number (SPIN)
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).</i>		
2019	UT	Tempo Telecom LLC
Recertification Year	State	ETC Name
N/A		Birch Communications, Inc.
DBA, Marketing, or Other Branding Name		Holding Company Name
<i>(If same as ETC name, list "N/A" Do not leave blank)</i>		<i>(If same as ETC name, list "N/A" Do not leave blank)</i>

Does the reporting company have affiliated ETCs?

Yes ☒

No ☐

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes ☒

No ☐

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	1
February	19
March	8
April	9
May	5
June	2
July	4
August	5
September	4
October	2
November	2
December	1
Total Subscribers	62

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification *All ETCs must complete this section*

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

BMC
Initial _____

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial BMC

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	0	0	0	0	0	0	0
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	0	0	0	0	0	0	0

Recertification Methods

State of federal database

- D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

- E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

- F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

- G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J. Name of third party administrator used to verify subscriber eligibility:

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial _____

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial _____

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial _____

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial BMC

$M = (G+K)$	$N = (D+F+I)$	$O = M/N \times 100$
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
0	0	0.0%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Brian McClintock CFO

Signature of Officer

brian.mcclintock@lingo.com

Email Address of Officer

April Gilstrap

Person Completing This Certification Form

Brian McClintock CFO

Printed Name and Title of Officer

Jan 27, 2020

Date

4782575984

Contact Phone Number

Affiliated ETCs

[illegible]

Angela Perryman

From: Angela Perryman
Sent: Friday, January 31, 2020 2:43 PM
To: 'sbenvegn@utah.gov'
Cc: Domingo Chaluisant
Subject: Tempo Telecom, LLC - UT Copy of FCC Form 555 - Annual Lifeline ETC Certification - month ending 01-31-2020
Attachments: Tempo Telecom, LLC - UT Copy of FCC Form 555 - Annual Lifeline ETC Certification - month ending 01-31-2020.pdf

Dear Sir or Madam:

Attached please find the UT Copy of FCC Form 555 - Annual Lifeline ETC Certification for the month ending January 31, 2020, filed on behalf of Tempo Telecom, LLC.

If you have any questions please contact Domingo Chaluisant at 407-659-8754.

Thank you,

Angela Perryman

Compliance Reporting Associate



Direct: 407-740-3022 | Main: 407-740-8575
FAX: 407-740-0613 | www.inteserra.com
151 Southhall Lane, Suite 450 Maitland, FL 32751

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Angela Perryman

From: Angela Perryman
Sent: Friday, January 31, 2020 2:43 PM
To: 'psc@utah.gov'
Cc: Domingo Chalusant
Subject: Tempo Telecom, LLC - UT Copy of FCC Form 555 - Annual Lifeline ETC Certification - for the month ending January 31, 2020
Attachments: Tempo Telecom, LLC - UT Copy of FCC Form 555 - Annual Lifeline ETC Certification - month ending 01-31-2020.pdf

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If you have any questions please contact Domingo Chalusant at 407-659-8754.

Thank you,

Angela Perryman
Compliance Reporting Associate



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FAX: 407-740-0613 | www.inteserra.com
151 Southhall Lane, Suite 450 Maitland, FL 32751

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SERVICE REQUEST FOR COMPLIANCE REPORTING

Due Date: January 31, 2020
 Today's Date: January 31, 2020
 Process By: January 31, 2020
 Client Name: Tempo Telecom, LLC
 Acct#: 8068

BILL BACK:

Shipping:	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	US Mail \$	_____ (per pkg) x	_____ (# sent) = \$	_____ (total billback)
Page Count:	Y	<input checked="" type="checkbox"/> N		_____ (TOTAL pgs) x \$	_____ / page = \$	_____ (total billback)
Diskettes:	Y	<input checked="" type="checkbox"/> N		_____ (TOTAL dks) x \$	_____ / disk = \$	_____ (total billback)
TOTAL TO BE BILLED \$					_____	

SHIPPING NAME/ADDRESS:

Ship TML and Report to:
 Secretary
 Utah Public Service Commission
 Heber M. Wells Building
 160 East 300 South, Suite 400
 Salt Lake City, UT 84111

REPORT INFORMATION:

UT Copy of FCC Form 555 - Annual Lifeline ETC Certification - for the month ending
 January 31, 2020

No check is enclosed as there are no remittance fees due.

Please enclose original and six (6) copies of this report.

SHIPPING METHOD:

ORIGINAL:	<input checked="" type="checkbox"/> UPS: Next Day	<input type="checkbox"/> FED: AM	<input type="checkbox"/> US Mail	<input type="checkbox"/> Other: _____	Bill Back # _____
COPIES:	<input checked="" type="checkbox"/> UPS: Next Day	<input type="checkbox"/> FED: AM	<input type="checkbox"/> US Mail	<input type="checkbox"/> Other: _____	Bill Back # _____